DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

REDEP DER ARKUS PM

PRINTED: 09/14/2007 FORM APPROVED OMB NO. 0938-0391

MRECO 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS This recertification survey was conducted from August 30, 2007 through August 31, 2007. It was determined that a full survey be conducted as a result of the condition level practices cited during the previous survey. A random sample of three individuals was selected from the population of four famales and two male clients. One of the individuals in the sample was diagnosed to function in the profound range of mental retardation, one was severe, and the last one functioned in the profound range of mental retardation. One individual in the sample had a diagnosis of blindness and one had diagnosis of visual impairment. The findings of this survey were based on observations at the residence and three day programs, staff interviews at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports and policies. W 100 VA 100 SUMMARY STATEMENT OF DEFICIENCY. YAR SHINGTON, DC 20011 PREFX FROVIDERS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 PREFX FROVIDERS CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 PREFX FROVIDERS CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 PREFX FROVIDERS CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 PREFX FROVIDERS CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 PREFX FROVIDERS CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 PREFX FROVIDERS CITY, STATE, ZIP CODE 1613 TAYLOR CACHEGONETAL CITY SEALOR FREST AND CACHEGORE PLAN FOR CACHEGORY FREST AND CACHEGORY FREST	O PLAN OF CO			A. BUILDING B. WING			08/31/2007	
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(1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.	sei (he fac pei (1) pro me rel: (2) E (3) pay	rvices in an instance reafter referred cilities for persons with related The primary provide health or leated conditions of Part 442 of the primary properties of the mentally ryment is requesting the provided conditions of the primary pro	citution for the mentally retarded to as intermediate care ins with mental retardation) or ed conditions if: urpose of the institution is to rehabilitative services for individuals or persons with meets the standards in Subpart his Chapter; and etarded recipient for whom sted is receiving active					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: RBBR11

Facility ID: 09G167

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) ·PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) -PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING			COMPLETED	
		09G167	B. WIN	√G		08/31	/2007
NAME OF PI	ROVIDER OR SUPPLIER			11	EET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011	- ,	
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W 100	Continued From pa	age 1	W :	100			
W 104	Based on observal review, the facility received continuous [See W195] 483.410(a)(1) GOV	is not met as evidenced by: ion, interviews and record failed to ensure that each client is active treatment services. /ERNING BODY ly must exercise general policy, ting direction over the facility.	·w	104	Sec response to W195	·	10/10/07
	Based on observa review of records, provided general of the deficienct pract	is not met as evidenced by: tions, interviews, and the the facility's governing body perating directions except for tices detailed below					
.•	The findings included the findings included the facility fails treatment services	ed to provide continous active					
W 120	implement policies safety of its clients 483.410(d)(3) SEF OUTSIDE SOURCE	RVICES PROVIDED WITH CES ssure that outside services	W	120	monitoring and technical assistance set will enable the facility to ensure that da effectively implement, review, and revious objectives for all people who live in the The QMRP will establish a quarterly so where each person served will have an	acdule that by programs ise program c facility chedule	10/8/07
,		is not met as evidenced by: tions, staff interview, and			individualized meeting to review progreelevancy and success. The quarterly reviewed an updated functional assessment reviewed/revised IPPs both at the day in the day	neeting will for each	,

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 120	monitor each client the day program m four clients included	acility failed to effectively is day program to assure that et the needs of three of the d in the sample (Clients #3).	W 120			
		ensure Client #3 's new scheduled to be implemented		·		
	August 30, 2007 be the client in the dar and intermittently d peers. Interview was Activities Coordinal regarding some of learning while at the coordinator, Client Program Plan (IPP)	nt #3 's day program on eginning at 12:35 PM revealed ace studio listening to music ancing with staff and his as conducted with the or to ascertain information the things the Client #3 was a program. According to the #3 had a new Individual developed on August 7, cumented program objectives ing:				
	will complete 1,00%	er hand assistance, Client #3 of the steps of three er games within 12 months.		·		
	review of Client #3' revealed, the client 2007 IPP had not b of the survey, the fa's was given the opnew formal program program.	with the coordinator and s data collection record 's newly developed August een implemented, At the time acility failed to ensure Client #3 portunity to participate with his nobjectives at the day				
W 122	483.420 CLIENT P		W 122			
	The facility must en	sure that specific client				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA. IDENTIFICATION NUMBER:	A BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIËR) 10			1	REET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011		
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W 122	Continued From pa protections require	· · · · · · · · · · · · · · · · · · ·	W 1	22			
W 124	The facility failed to and procedures to its incident manage failed to ensure that mistreatment, neglinjuries of unknown investigated thorous failed to ensure that to the administrato within five working W156]failed to enstimely [See W331]; sufficient staffing to [See W189]. The effects of these the failure of the failure of the failure of the failure of the facility must ensure being. 483.420(a)(2) PRC RIGHTS The facility must ensure the facility must ensure the facility area to the client of the client of the client of the client and behavioral state treatment, and of the sased on observation.	is not met as evidenced by: implement effective policies ensure the implementation of ement system [See W149]; at all allegations of ect or abuse, as well as a source, were reported and ighly [See W153 and 154]; at investigations were reported or or designated representative days of the incident [See aure that injuries were assessed and failed to ensure that or prevent neglect and abuse e systemic practices results in cility to protect its clients from the their general safety and well OTECTION OF CLIENTS Insure the rights of all clients, ity must inform each client, is a minor), or legal guardian, cal condition, developmental atus, attendant risks of the right to refuse treatment. Is not met as evidenced by: ion, interview and record failed to ensure the rights of	W 1	124	The Director of Disability Services (Do provide a retraining to the QMRP, the I Management Coordinator, the Resident and all home staff to ensure that the pol Incident Management is properly imple regulations promulgated by the Depart Health and Disability Services. The Do review internal communication practice incidents at the home, and will ensure that and protocols are revised as needed to requirements for timely assessment of it timely and accurate reporting to the Caradministration, DOH, and all other appearties/entities. The DoDS will also reinvestigations with the Incident Manage Coordinator (IMC) to ensure that each complete, and submitted per regulations DoDS will review and revise staffing lestaffing schedules with the QMRP and Resources Department to ensure that the adequately staffed at all times with peoproperly trained. The QMRP will submit a request to the Developmental Disabilities Administrat Manager for assignment of a legal guard Manager for assignment of a legal guard.	incident inal Director, licy on emented per ments of oDS will es for hat practices neet the injuries, reco ropriate view ement is thorough, s. The evels and the Human e bome is ple who are	10/10/07

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF P	PROVIDER OR SUPPLIER		161	ET ADDRESS, CITY, STATE, ZIP C I3 TAYLOR STREET, NW ASHINGTON, DC 20011		
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W 124	each client and/or to informed of the client developmental and risks of treatment, attreatment, for one concluded in the same The findings included the same The findings included including Lithium Consumers the client of the services on August 30, 2007 the QMRP, Client informed consent for habilitation services revealed that Client family and was in a guardian. Further revealed the client and required one to hours daily (4 hours daily (their legal guardian to be ent's medical condition, if behavioral status, attendant and the right to refuse of the three clients (Client #2) inple. Be: evening medication August 30, 2007 beginning at Client #2 received medications carbonate, Risperdal, and view with the medication nurse ion administration revealed the edications were used to behaviors. Bucted with the Qualified Mental scional (QMRP) via telephone 7 at 8:10 AM. According the #2 was not capable of giving for the use of medications and s. Additionally, the QMRP int #2 did not have involved interview with the QMRP had a behavior support plan to one staffing supports 12 rs in the morning, 8 hours from s, and 11 AM - 7 PM on the ess her behaviors. Review of on August 30, 2007 verified in Support Plan dated February incorporated the use of the eto one staffing supports. At vey, however, the facility failed	W 124			
	needs, including the	e that Client #2's treatment e benefits and potential side				

STATÉMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING	(X3) DATE SURVEY COMPLETED
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effects associated with the medications, and right to refuse treatment, had been explained her and/or a legally authorized representative 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement writt policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by Based on interview and record review, the fat failed to establish and/or implement policies ensured the client's health and safety, for one the three clients (Client #2) in the sample. The finding includes: 1. The facility failed to ensure its incident management policy was implemented to mat certain notifications were made as outlined. Review of unusual incident reports on August 2007 at 9:17 AM revealed the following incides and began to spit, curse, scratch, and hit Client #2 became agitated while on the residential vand began to spit, curse, scratch, and hit Client #1. The report further documented that Client that Client #4 was taken to the emergency roreleased and prescribed antibiotic medication Further review of the incident report revealed only the residential director was notified of the incident. Review of the Department of Health (DOH) incident management intake documer (pre-survey) revealed DOH was notified of the incident on August 9, 2007.	ility nat of 1. See response to W122. The Q notification protocol sheet, inclucentact information, in the home All staff will be retrained on Canmanagement policy and protocol interest in the staff will be retrained on the staff will be retrained	ding accurate 's incident book. eco's incident

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CAREÇO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) . COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 149 Continued From page 6 W 149 b. On June 20, 2007, staff reported a sore on Client #2's left toe. Further review of the incident report revealed that only the licensed practical nurse was notified. There was no evidence this incident was reported to the Department of Health c. On April 3, 2007 at 9:15 AM, an incident report documented an allegation of abuse involving Client #2. According to the report, a phone message was left on April 2, 2007 from a female representative of the clients' primary care physician's office. The female reported that a mailroom personnel observed a woman (later revealed to be the house manager) being "evil" to the clients and was "hitting, beating, and shoving them." It should be noted that initially the report indicated that four clients (Clients #1, #2, #4 and #6) were involved: however, interview with the Qualified Mental Retardation Professional (QMRP) on August 30, 2007 revealed that only Client #2 was involved in the incident. It should be further noted that continued review of the

Interview was conducted with the acting Residential Director (RD) and the Qualified Mental Retardation Professional (QMRP) on August 30, 2007 to ascertain information about the facility's incident management policy. According to the interviews, the Department of Health should be immediately verbally notified of all incidents that document injuries of unknown source, abuse, neglect and mistreatment. Review of the facility's Incident Management Policy on August 30, 2007 verified that serious reportable incidents require staff to immediately

incident report revealed the Department of Health was notified of the incident via fax on April 3.

2007 at 6:00 PM

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W 149	survey, the facility foutlined. 2. The facility failed incident management investigations. (Refer to 1 above) reports on August 3 the facility document and one injury of ur of the incident reports on August 3 failed to provide eviunknown source (Ji	t of Health. At the time of the ailed to implement its policy as to ensure implement its	W 149	2. See response to #1 above. The Do perform a monthly review to ensure and the Incident Management Coord complying with Careco policy regard notification and thorough investigation	that the QMRP inator are ling timely	10/8/07
	policy on August 30 serious reportable in by [the provider] be the incident was with informed that the intime of the survey, the incident management investigations had the survestigations had the survestigation of about the survey of the corresponding to the survey of the su	to ensure its incident had been implemented to as were conducted within the		3. See response to #1 and #2 above	 vc.	16/8/07

STATEMENT OF DEFICIENCIES (X1) PROVIDER/ AND PLAN OF CORRECTION IDENTIFICA'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;				X3) DATE SURVEY COMPLETED	
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W 149	management policy investigations for so be completed within forwarded to the Intercoordinator." At the facility failed to ensure management policy 4. The facility failed management policy and/or developed to notifications and involved with requisitions. Review of unusual involved and one injurities and one injuriti	on August 30, 2007, "all prious reportable incidents will in 5 business days and cident Management in the time of the survey, the cure its implement in was implemented as outlined. If to ensure an incident in had been implemented in make certain that investigations of incidents irrements outlined in the incident reports on August 30, wealed two incidents of alleged my of unknown source had Refer to 1 above). Further int reports failed to provide incidents as required in the \$483.420(d)(2). The provident management in the facility failed to provide in the facility failed to provide indent management policy had coincide with federal also W153)	W 145	4. The DoDS will review the Careed Management Policy and propose remeet federal and local regulations at the Director of Operations. The Dotraining on policy revisions to the IN and home staff.	visions that s necessary to \ DS will provide	10/8/07	
W 153	CLIENTS	F TREATMENT OF sure that all allegations of	W 153	See response to W149		16/8/07	
	mistreatment, negle injuries of unknown	sure that all allegations of ct or abuse, as well as source, are reported administrator or to other				-	
ORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: RBBR11		odity ID- 000467	<u> </u>		

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 153 Continued From page 9 W 153 officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all injuries of unknown source and allegations of abuse, were immediately reported to the administrator and to other officials in accordance with State Law (DC regulation 22 DCMR Chapter 35 Section 3519.10), for one of the three clients (Client #2) included in the sample. The findings include: Review of unusual incident reports on August 30. 2007 at 9:17 AM revealed the following incidents: a. On August 8, 2007, staff reported that Client #2 begame agitated while on the residential van and began to spit, curse, scratch, and hit Client #1. The report further documented that Client #2 bit Client #4 on his left arm. It should be noted that Client #4 was taken to the emergency room, released and prescribed antibiotic medications. b. On June 20, 2007, staff reported a sore on Client #2's left toe. c. On April 3, 2007, an incident report documented an allegation of abuse involving Client #2. According to the report, a phone message was left on April 2, 2007 from a female representative of the clients' primary care physician's office. The female reported that a

mailroom personnel observed a woman (later revealed to be the house manager) being "evil" to the clients and was "hitting, beating, and shoving

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W 153	indicated that four of #6) were involved; I Qualified Mental Re	noted that initially the report lients (Clients #1, #2, #4 and nowever, interview with the stardation Professional 30, 2007 revealed that only	W	153			
W 154	reports on August 3 evidence that the in reported to the adm of Health as require 483.420(d)(3) STAR CLIENTS	F TREATMENT OF ve evidence that all alleged	W	154	See response to W122 and W149	. · · · · · · · · · · · · · · · · · · ·	10/8/07
	Based on interview failed to provide evil abuse and injuries of thoroughly investigated.	s not met as evidenced by: and record review, the facility dence that all allegations of of unknown source were ted, for three of the three \$2, and #4) that resided in the				. •	
	reports on August 3 two allegations of al unknown origin were the incident reports Qualified Mental Re	to ensure required		-	1. The DoDS will ensure that incidents, progress with investigations, are part of standard agenda for standing program m that the IMC will also attend, thus ensur incidents are thoroughly investigated an appropriate follow up is completed. The nursing reports generated for the home w follow up for any incidents where people were assessed for possible injury.	the lectings, ling that d weekly vill also list	10/8/07

DEPARTMENT OF HEALTH		
CENTERS FOR MEDICARE	& MEDICAID SERVICES	
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.W 154	allegation of abuse the injury of unknot 2007) were investi 2. The facility fails were thorough.	vide evidence that the e (dated August 8, 2007) and ewn source (dated June 20, gated. ed to ensure its investigations	W 154	2. The DoDS, the IMC and the Direct Operations will hold an Incident Man meeting at least twice monthly. During meeting each incident on the procedure.	igement ig the	
	2007 at 9:17 AM red, 2007. According allegation of abuse female representation physician's office female revealed the observed a woman house manager) beating should be noted that four clients (Cinvolved; however, Mental Retardation	I incident reports on August 30, evealed an incident dated April g to the incident report an e had been reported by a tive of the clients' primary care. The message left by the last a mailroom person had in (later revealed to be the eing "evil" to the clients and log, and shoving them." It last initially the report indicated lients #1, #2, #4 and #6) were interview with the Qualified in Professional (QMRP) on evealed that only Client #2 was ident.	-	thoroughly discussed and the investigative week. If additional questions arise additional evidence comes to light dur review meeting, even if the concerns of becomes known after the investigation submitted, the IMC will prepare amend ensure they are forwarded to all author recipients in accordance with Careco's	ations will be to or if ing the revidence has been iments and	13/8/07
	April 12; 2007 on A 2007 revealed with from staff member Review of the state	esponding investigation dated August 30, 2007 and August 31, less statements were received a involved in the incident. Ements revealed information cory with the investigative report w:				
·	statement (the driv he/she transported "six clients on a me Additionally, the sta	e review of the staff member's er) dated April 11, 2007, the residential director and edical appointment). atement revealed that the residential director with				-

CENTE	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM	0: 09/14/2007 MAPPROVED 0: 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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CAREC	· · · · · · · · · · · · · · · · · · ·		-	11	REET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011	<u>1 087.</u>	31/2007
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W 154	pa	ge 12 ents off the van and to the	W	154			
	revealed that the dri one client that would residential director a doctor's office. It sh no mention of the si Interview was condu Management Coord September 6, 2007 that verified there we van, two of which re driver. Additionally, ascertain information the van to assist the the van while the dri director assisted fou Review of the invest	tigative report however, iver remained on the van with a not leave the van, while the assisted the four clients to the resisted the four clients to the resisted with the investigation. In the investigation at approximately 10:30 AM are in fact six clients on the mained on the van with the the IMC was interviewed to an regarding who remained on two clients that remained on two clients that remained on the residential or clients to the doctor's office, igative report failed to provide the orementioned issue had been					
l	corresponding invest left a message regar According to the IMC report, the incident was not a Continued review of interview with the IMC	incident report and the tigation a female called and ding the alleged abuse. and review of the incident was initially reported by a can eye witness of the abuse, the incident investigation and a failed to provide evidence that reported the incident					·
	review of the investig person reported the a that worked in the clie	nterview with the IMC and ation report, the mailroom abuse to a representative ents' primary care interview revealed that					

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY W 154 Continued From page 13 W 154 the abuse was reported while the clients were in the primary care physician's office. Review of the investigation and interview with the IMC failed to provide evidence that documented whether or not the the alleged injury to Client #2's arm was evaluated by the primary care physician. Additionally, there was no indication that the physician was aware of the abuse or if he/she had been interviewed as a result of the allegation. At the time of survey, the facility failed to ensure a thorough investigation of the aforementioned incident had been conducted. 483.420(d)(4) STAFF TREATMENT OF W 156 W 156 CLIENTS See response to WI22, WI49, and WI54. 10/01/01 The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that investigations were reported to the administrator or designated representative within five working days of the incident, for one of the three clients (Client #2) included in the sample. The finding includes: [Cross Refer W149] Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed an allegation of abuse dated April 3, 2007. Review of the corresponding investigation revealed the investigation was dated April 12.

2007. The Qualified Mental Retardation Professional (QMRP) was interviewed to

STATEMENT AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
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W 156	ascertain information provider allows for a the QMRP, investig within five working of survey, the facility for required investigation.	ge 14 on about the length of time the an investigation. According to ations were to be completed days. At the time of the ailed to ensure that the results ations had been reported to designee in accordance with	W 156		
W 159	the regulation. 483.430(a) QUALIF RETARDATION PR Each client's active integrated, coordina	TED MENTAL	W 159		
	Based on observation review, the Qualified Professional (QMRI	s not met as evidenced by; ons, interviews, and record d Mental Retardation P) failed to ensure that each red the recommended active to meet their needs.	-	·	
	The findings include 1. The QMRP failed treatment services.	to ensure continuous active		I. See response to W249	10/10/07
	individual program p	d to ensure Client #1's plan was revised after the ess with the identified 257)		2. See response to W257	16/10/07
	program met his nee	d to provide evidence that the		3. Sec response to W120 4. The DoDS will provide technical an support to the QMRP so that monthly completed timely, per Careco's policy will track ISP annual meetings to ensu QMRP initiates new programs within	notes are /5//0/0 / The DoDS re that the
ORM CMS-256	87(02-99) Previous Versions (Obsolete Event ID: BEER44		approval by the IDT	

	OF DEFICIENCIES OF CORRECTION	(X1): PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. But			(X3) DATE S COMPLI	
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W 159	Continued From pa	ge 15	W	159			
	Professional (QMR record on August 3 an Individual Support dated August 1, 200 According to the QI meeting on August comprehensive documpleted. Further record review reveal objectives recomme	tualified Mental Retardation P) and review of Client #3' s 1, 2007 revealed Client #3 had ort Plan (ISP) in his record 06 that was outdated, MRP, Client #3 had an ISP 8, 2007 but the sument had not been interview with the QMRP and alled that the new program ended at his ISP meeting had ted (See also W249).					1
	Client #3' s record of that documented the formal program objet available notes rever monthly notes in Clienter with according to the fact notes were to be comonth. It should be 's record also rever not been completed Furthermore, review revealed her ISP was time of the survey, to	of Client #2's record as dated April 25, 2007. At the the facility failed to provide					
	evidence of the mor program objectives, 483.430(d)(1-2) DIR The facility must pro	ECT CARE STAFF	W 1		Home staffing schedules will be submitted weekly basis to the DoDS, who will coowith the QMRP and the Human Resource	rdineta .	··
	staff to manage and	supervise clients in ir individual program plans.		- 1	Department to recruit and train appropria personnel and ensure the home is proper	014	10/19/67
	Direct care staff are on-duty staff calcula	defined as the present ted over all shifts in a 24-hour					
DRM CMS-256	57(02-99) Previous Versions (Obsolete Front ID-PRR94					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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W 186		age 16 ined residential living unit.	W 186				
	Based on interview failed to ensure sur	is not met as evidenced by: and record review, the facility afficient staffing was provided and abuse, for one of six n the sample.					
	The finding include:	s:					
	reports on August 3 an incident dated A the alleged abuse of corresponding inversion August 30, 2007 revealed witness staff members involto the review of one statement (the driven he/she transported "six clients on a me Additionally, the statement assisted the respective of the review of the rev	Review of unusual incident 30, 2007 at 9:17 AM revealed of Client #2. Review of the estigation dated April 12, 2007 and August 31, 2007 attements were received from elved in the incident. According to of the staff member's er) dated April 11, 2007, the residential director and edical appointment). Attement revealed that the residential director with ients off the van and to the				• .	
-	revealed that the drone client that would residential director a doctor's office. It show mention of the significant of the significant conduction of the si	stigative report however, river remained on the van with d not leave the van, while the assisted the four clients to the hould be noted that there was fixth client in the investigation, ucted with the Incident dinator (IMC) via telephone on at approximately 10:30 AM vere in fact six clients on the emained on the van with the					

W 188 Continued From page 17 driver. Additionally, the IMC was interviewed to ascertain information regarding who remained on the van to assist the two clients that remained on the van while the driver and the residential director assisted four clients to the doctor's office. Review of the investigative report failed to provide evidence that the aforementioned issue had been addressed. At the time of the survey, the facility failed to provide evidence that the were staff available to monitor/provide supervision to the clients that remained on the van. W 189 The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The finding includes: (Refer to W154, 2) Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed an incident dated April 3, 2007 that documented the alleged abuse of Client #2. Further review of the incident report and review of the corresponding investigation revealed that the house manager was identified as the alleged abuse. Although interview with the OMRP	STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE S COMPLI	
CARECO 10 SIMMARY STATEMENT OF DEFICIENCIES (ACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 186 Continued From page 17 driver. Additionally, the IMC was interviewed to ascertain information regarding who remained on the van to assist the two clients that remained on the van to assist the two clients that remained on the van to assist the two clients that remained on the van to assist the two clients that remained on the van to assist the two clients that remained on the van while the driver and the residential director assisted four clients to the doctor's office. Review of the investigative report failed to provide evidence that the aforementioned issue had been addressed. At the time of the survey, the facility failed to provide evidence that the ware. W 189 The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The finding includes: (Refer to W164, 2) Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed an incident dated April 3, 2007 that documented the alleged abuse of Client #2. Further review of the corresponding investigation revealed that the house manager was identified as the alleged abuser. Although interview with the OMRP			09G167	B. WING	· · · · · · · · · · · · · · · · · · ·	09/2	412007
W 186 Continued From page 17 driver. Additionally, the IMC was interviewed to ascertain information regarding who remained on the van to assist the two clients that remained on the van to assist the two clients that remained on the van while the driver and the residential director assisted four clients to the doctor's office. Review of the investigative report failed to provide evidence that the aforementioned issue had been addressed. At the time of the survey, the facility failed to provide evidence that the wan. W 189 The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The finding includes: (Refer to W154, 2) Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed an incident dated April 3, 2007 that documented the alleged abuser. Although interview with the OMRP		O 10			1613 TAYLOR STREET, NW		1/2007
driver. Additionally, the IMC was interviewed to ascertain information regarding who remained on the van to assist the two clients that remained on the van while the driver and the residential director assisted four clients to the doctor's office. Review of the investigative report falled to provide evidence that the aforementioned issue had been addressed. At the time of the survey, the facility failed to provide evidence that the were staff available to monitor/provide, supervision to the clients that remained on the van. W 188 The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The finding includes: (Refer to W154, 2) Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed an incident dated April 3, 2007 that documented the alleged abuse of Client #2. Further review of the incident report and review of the corresponding investigation revealed that the house manager was identified as the alleged abuser. Although Interview with the OMRP	PRĖFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLETION DATE
revealed that staff have been trained on staffing protocol after the incident occurred, there was no evidence that the facility's previous house	W 189	driver. Additionally ascertain information the van to assist the the van while the didirector assisted for Review of the invessed evidence that the anaddressed. At the failed to provide evidents that remained 483.430(e)(1) STAFT The facility must profinitial and continuing employee to perform efficiently, and commodification that initial and continuing employee to perform efficiently, and commodification that initial and continuing employee to perform efficiently, and commodification that initial and continuing employee to perform efficiently, and commodification that initial and continuing employee to perform efficiently, and commodification that initial and continuing employee to perform efficiently, and commodification that initial and continuing employee to perform efficiently, and commodification that incident dated April the alleged abuse of the incident report a corresponding investigation. Although in revealed that staff his protocol after the incident report and the protocol after the protocol after the protocol after the protocol a	the IMC was interviewed to on regarding who remained on the two clients that remained on the two clients to the doctor's office. Stigative report failed to provide forementioned issue had been time of the survey, the facility idence that the were staff typrovide supervision to the ed on the van. FF TRAINING PROGRAM by training that enables the maining that enables the main his or her duties effectively, petently. In the facility that enabled the main or her duties effectively, petently. Review of unusual incident on the cord at 9:17 AM revealed or or of the cord in the cor		The Director of Operations and the Resources Director will recruit and Residential Director (RD) who distounderstand training and act in a policy. The QMRP will ensure the appropriately trained on programm	d hire an effective splays an ability ecordance with at the RD is	10/10/07

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received effective abuse/neglect pr W 195 483.440 ACTIVE The facility must	page 18 vas responsible for staffing) had ely trained in the domain of ior to the incident. TREATMENT SERVICES ensure that specific active es requirements are met.	W 189 W 195	The DoDS will provide guidance and a QMRP by reviewing each comprehens functional assessment for accuracy, the and timeliness. The DoDS will assist a develop active treatment programs over days to ensure that the QMRP is produ	rive proughness the QMRP to to the next 90	
Based on observereview, the facilit active treatment ensure the accurdocumentation of (See W252); failindividual progractient failed to probjectives (See Comprehensive been completed failed to make resofthe objectives W260), and faile administer their of the failure of the adequate active 483.440(c)(2) IN Participation by tolient is a minor) required unless to or inappropriate.	N is not met as evidenced by: ration, interview and record by failed to ensure continuous services (See W249); failed to rate and consistent of each client's formal programs and to ensure each clients of plan was revised after the ogress with the identified W257), failed to ensure that functional assessments had and/or updated (See W259), visions or to justify the repetition from the previous year (See do to ensure clients were taught to own medications (See W371). The ease systemic practices results in facility to ensure the delivery of treatment services. DIVIDUAL PROGRAM PLAN The client, his or her parent (if the participation is unobtainable of its not met as evidenced by:	W 209	capitalizing on learning opportunities if who live in the home. The DoDS will QMRP to implement a functional assessach proposed program to ensure it is at assist the person in strengthening an needed skills for more independent and living. The QMRP will provide evider DoDS of the monthly review and analysuccess of each program for each person DoDS will work with the QMRP to emprograms proving to be unsuccessful or productive are revised, discontinued, or The DoDS, the RN Supervisor and the ensure each person is assessed for self-and that appropriate programming is do monitored monthly for progress. See rewitted.	for people assist the assist the assment for appropriate d/or gaining d dignified nee to the visis of the on. The sure that f non- replaced. QMRP will medication eveloped and	10/10/07

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	URVEY ETED
· <u> </u>		09G167	B. WING_	<u> </u>	08/3	31/2007
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP The QMRP will send an invitation to	HOULD BE PROPRIATE	(X5) COMPLETION DATE
	Based on interview attendance records participation of client Individual Support F. The finding includes A review of client #1 conducted on Augu Client #1's name wa attendance at her preflect that the client procedures"; there we client's family had be complete treatment 483.440(d)(1) PROCE As soon as the interformulated a client's each client must record treatment program of interventions and seand frequency to sure objectives identified plan. This STANDARD is Based on observation review, the facility fareceived continuous three of the three cliencluded in the same The findings included A. The facility failed	y and review of meeting is the facility failed to ensure the nt #1 and/or her family in the Plan (ISP) meetings. Es: E1's clinical records was ust 31, 2007 at 12:10 PM. Fas not included as being in one-ISP. Although the ISP did not's sister "provides consent for was no evidence that the been invited to prepare the toplan for their family member. OGRAM IMPLEMENTATION erdisciplinary team has individual program plan, believe a continuous active consisting of needed ervices in sufficient number upport the achievement of the din the individual program. Is not met as evidenced by: ion, interview, and recordinated to ensure that each client is active treatment services, for lients (Clients #1, #2, and #3) inple.	W 249	family and/or legal guardian inviting attendance at the annual pre-ISP and reminder notice will be sent 30 days planned meetings, and will be follow telephone reminders one week prior that the meeting be held by a date certain that designated the anniversary, if people members or guardians indicate that the able to attend, the QMRP will forwar recommendations in writing and requapproval or disagreement with goals are to fite tea, to be included with the formal record. If a person cannot atte own meeting due to some emergency QMRP will inform the team and the pludge of Family Court, and the situation of the team and the pludge of the sealing treating at the earliest possible date.	their ISP. A prior to the ed by to the meeting, he ISP t has been 's family hey will not be rd rest signed ratified by the person's end his or her situation, the presiding magistrate	10/10/07
	Committoda opportur	intes for learning as detailed	·!		!	

NAME OF PROVIDER OR SUPPLIER CARECO 10 STREET ADDRESS, CITY, STATE, 22 CODE 1913 TAYLOR STREET, NW WASHINGTON, DC 20011 PROV. REGULATORY OR LSC IDENTIFYING INFORMATION) WASHINGTON, DC 20011 PROV. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG 1. Client #1 was observed at the group home from 3:30 PM to 7:17 PM. 3:30 PM - Client #1 was was observed talking with the staff and complaining of her day and instructor; 3.55 PM - Client #1 was used independently staining that she was going to see her show in her bedroom. Client #1 was observed command in the bedroom with her robe on. She stated that she heal taken a shower. She stated that she would during complaints to others about her day. The staff acknowledged the client's concerns and then offered the client an opportunity to do her laundry. Client #1 was observed eating dinner independently. Following dinner, the client remined seated on the sofa; 6:00 PM - Client #1 was observed dancing with the other clients; and		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER CARECO 10 STREET ADDRESS, CITY, STATE, 2P CODE 1913 TAYLOR STREET, NW WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEPICIENCIES PROVIDED STREET, NW WASHINGTON, DC 20011 WASHINGTON, DC 20011 PREDUATION OR LEG IDENTIFYING INFORMATION) W 249 Continued From page 20 below. 1. Client #1 was observed at the group home from 3:30 PM to 7:17 PM. 3:30 PM - Client #1 was was observed talking with the staff and complaining of her day and instructor; 3:55 PM - Client #1 left the living room where she had been seated and exited independently stating that she was going to see her show in her bedroom. Client #1 was in the bedroom for approximately five minutes and then was observed going to the closes the art the front entirance and retrieving a comb and hair pic. 4:30 PM - Client #1 was observed coming from the bathroom with her robe on. She stated that she had taken a shower. She stated that she had taken a shower. She stated that she had taken a shower. She stated that she had taken a shower she coming from the bathroom with her robe on. She stated that she did not require assistance. This was confirmed during other staff interviews. Client #1 returned the itsmes that she retrieved from the closest and sat back on the sofa; 5:18 PM - Client #1 was observed conversing and making complaints to others about her day. The staff acknowledged the client's concerns and then offered the client an opportunity to do her laundry. Client #1 stated that she would do laundry later. The client remained seated on the sofa; 6:00 PM - Client #1 was observed eating dinner independently. Following dinner, the client removed her plate and utonails to the kitchen sink; 6:30 PM - Client #1 was observed dancing with.		•		l	. <u></u>		
Taylor Street, NW WASHINGTON, DC 20011			09G167	B. WING _		08/3	1/2007
TAG W 249 Continued From page 20 below. 1. Client #1 was observed at the group home from 3:30 PM - Client #1 was was observed talking with the staff and complaining of her day and instructor; 3:35 PM - Client #1 left the living room where she had been seated and exited independently stating that she was going to see her show in her bedroom. Client #1 was observed coming from the bathroom with her robe on. She stated that she had taken a shower. She stated that she did not require assistance. This was confirmed during other staff interviews. Client #1 returned the items that she retrieved from the closet and sat back on the sofa; 5:18 PM - Client #1 was observed conversing and making complaints to others about her day. The staff acknowledged the client's concerns and then offered the client an opportunity to do her laundry. Client #1 was observed eating dinner independently. Following dinner, the client removed feer plate and utensils to the kitchen sink; 6:30 PM - Client #1 was observed dancing with.	•			. 1	613 TAYLOR STREET, NW	ODE .	
below. 1. Client #1 was observed at the group home from 3:30 PM to 7:17 PM. 3:30 PM - Client #1 was was observed talking with the staff and complaining of her day and instructor; 3:55 PM - Client #1 left the living room where she had been seated and exited independently stating that she was going to see her show in her bedroom. Client #1 was in her bedroom for approximately five minutes and then was observed going to the closet near the front entrance and retrieving a comb and hair pic. 4:30 PM - Client #1 was in her bedroom for approximately five minutes and then was observed during other staff interviews. Client #1 returned during other staff interviews. Client #1 returned the items that she retrieved from the closet and sat back on the sofa; 5:18 PM - Client #1 was observed conversing and making complaints to others about her day. The staff acknowledged the clients concerns and then offered the client an opportunity to do her laundry. Client #1 stated that she would do laundry later. The client remained sealed on the sofa; 6:00 PM - Client #1 was observed eating dinner independently. Following dinner, the client removed her plate and utensits to the kitchen sink; 6:30 PM - Client #1 was observed dancing with.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	
	W 249	1. Client #1 was o from 3:30 PM - Client # with the staff and dinstructor; 3:55 PM - Client # had been seated a stating that she was bedroom. Client # approximately five observed going to entrance and retriculation of the bathroom with she had taken a sinct require assist during other staff if the items that she sat back on the softened the client # making complaints staff acknowledge offered the client # stated the client #1 stated the client #1 stated the client # stated the clie	bserved at the group home 17 PM. 1 was was observed talking complaining of her day and 1 left the living room where she and exited independently as going to see her show in her fill was in her bedroom for minutes and then was the closet near the front eving a comb and hair pic. 1 was observed coming from her robe on. She stated that she did ance. This was confirmed interviews. Client #1 returned retrieved from the closet and of a; 1 was observed conversing and is to others about her day. The did the client's concerns and then an opportunity to do her laundry, at she would do laundry later, ed seated on the sofa; 1 was observed eating dinner ollowing dinner, the client and utensils to the kitchen 1 was observed dancing with	W 249	A1. The DoDS will review the potreatment program with the QMR QMRP will ensure the program pappropriate and timely for the peconfirm this by completing indivassessments on the programs. The QMRP will determine the appropriate implementation, and will traininglement and document the prowill monitor the staff's implement	P. The DoDS and plans are rson, and will idual functional are DoDS and priate frequency in staff to gram. The QMRP station of the	10/10/67

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPLE	
		09G167	B. WING_		08/3	1/2007
CARECO	PROVIDER OR SUPPLIER	3	11	REET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011		
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W 249	Continued From p	page 21	W 249		-	
	6:55 PM - Client staff as she contil her day.	#1 was observed talking with nued to make complaints about				
	(IPPs) reflected a be daily, these pro	1's individual program plans frequency of implementation to ograms were not observed to be iven opportunities.				
	2. According to 0 treatment scheduled:	lient #1's "individualized" active le, the following activities were		A2. See response to #1 above		10/01/07
,	do her laundry or	alk; if not desired the client may be assisted with her training ntify coins, use telephone);			·	
	Note: Staff asked she elected not to options presented	Client #1 to do her laundry and however, there were no other lat the time;				
	5:30 PM - To eng keep her busy. S activator to her ha	age client in other activities to traighten her room, apply hir etc.;				
	6-6:30 PM - To ea to use fork, spoon	at dinner and to remind the client , and knife;				
	6:45 PM - To clea table;	n and remove dishes from the				,
	choose to listen to	st in choosing activities; may music, play her keyboard, usic or books on tape, etc.;			,	
-	8:00 PM - To get r getting her cup of	medications and assist in water for medications.			·	
					i	· [

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED			
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NAME OF P	ROVIDER OR SUPPLIER] 1	REET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011	1 08/3	<u>1/2007</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	3. Client #1's progon August 31, 2007 revealed that the inthat were established for the April 2007 in continued from the The review of the Coctober 2006 reflect achievements of the Mental Retardation these programs that achieved by client #4. During dinner of	ram documentation reviewed, at approximately 12:10 PM, dividual program plans (IPPs) ed by the interdisciplinary team dividual support plan were previous ISP held in 2006. MRP notes dated back to sted unsuccessful ese objectives. The Qualified Professional failed to revise t were not successfully £1. (Refer to W257)	W 249	A3. See response to A1 above. The De assist the QMRP to review and revise uprograms.	nsuccessful	rololo
·	Client #1 if she wou meat was cut in the facility failed to prov	6:00 PM, the staff asked ld like her meat cut. The kitchen by the staff. The fide Client #1 the opportunity neat and subsequently nce with her meals.		A4. See responses to A1 and A3 abo	ove.	10/0/67
	the opportunity to particular to program. Observation of the administration on At 8:13 PM revealed C given medications be on duty. The nurse medications from the medications to the cobserved to bring eathe client to drink with	evening medication ugust 30, 2007 beginning at lients #1, #2 and #3 were y the licensed practical nurse was observed to punch the e bubble packs and give the dients. Direct care staff was ach client a cup of water for th their medications.		B. The QMRP will meet with the Desig Nurse, RN Supervisor, and QMRP will to implement and document their self-re programming.	trania at-se	10 10/07
	administration asses	ssment dated April 2, 2007. sessment, a recommendation				

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER . STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION תו (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) · W 249 Continued From page 23 W 249 was made for Client #2 to participate in a program that required her to obtain her water with verbal promots. Review of Client #3's record on August 31, 2007, at 2:48 PM revealed the client's nursing assessment dated June 13, 2007. The assessment indicated that Client #3 was to participate in his self medication regimen by

C. The facility failed to ensure Client #3 was given the opportunity to participate in his newly recommended formal program objectives. (See also W259)

obtaining his water and opening the medication cabinet and remove his medication with verbal prompts. Additional review of Client #3's record on August 30, 2007 at 3:51 PM revealed an Individual Program Plan (IPP) dated August 1, 2006. The plan documented a program for Client #3 to complete the steps for taking his vitamins. It should be further noted that interview with the Qualified Mental Retardation Professional on August 31, 2007, at 1:15 PM, revealed Client #1 was to get her own water in preparation for taking her medications. At the time of the survey, the facility failed to ensure Clients #1, #2 and #3 were given an opportunity to participate with their self

D. Interview with the Qualified Mental Retardation Professional (QMRP) and review of Client #3 's record on August 31, 2007 revealed Client #3 had an Individual Support Plan (ISP) in his record dated August 1, 2006 that was outdated. According to the QMRP, Client #3 had an ISP meeting on August 8, 2007 but the comprehensive document had not been completed. Further interview with the QMRP revealed the client had the following new program objectives recommended at his ISP:

C. See responses to A1-4 above. See response to W159 and W209 $\,$

D. See response to C above

10/10/07

10/10/07

medication programs.

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 249 Continued From page 24 W 249 Given verbal prompts, Client #3 will complete 1 ADL task daily on 80% of trials for 4 months. Given touch prompts, Client #3 will complete household chore on 80% of trials per month for 3 Given physical assistance, Client #3 will complete a puzzle on 100 % of attempted trials per month for 6 months. Given verbal prompts, Client #3 will answer yes/no questions using his communication device. At the time of the survey, the aforementioned programs had not been implemented. E. The facility failed to provide evidence that 10/0/07 E. See response to C above Client #2's money management program was implemented timely. Review of Client #2's records on August 31, 2007 revealed the client had her annual ISP meeting on April 25, 2007. At that time programs were recommended for the client to participate with for the upcoming year. One of the recommended program objective for Client #2 required her to recognize a one dollar bill and a five dollar bill. Interview with the QMRP and further review of Client #2's record failed to provide evidence that

FORM CMS-2567(02-89) Previous Versiona Obsolete

August 2007.

the program had been implemented before

Observation at Client #3 's day program on August 30, 2007 beginning at 12:35 PM revealed the client in the dance studio listening to music

at his day program was implemented.

F. The facility failed to ensure Client #3 's new program objectives scheduled to be implemented

Event ID: RBBR11

Facility ID; 0BG167

F. Scc response to C above and W120

If continuation sheet Page 25 of 42

10/10/07

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPLE	
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W 249	and intermittently dipeers. Interview wa Activities Coordinate regarding some of Ilearning while at the coordinator, Client in Program Plan (IPP) 2007. The plan docincluding the following the survey, the false was given the opnew formal program. 483.440(e)(1) PROData relative to acc specified in client in objectives must be terms. This STANDARD is Based on interview failed to ensure data accomplishment of client's individual program to the following the foll	ancing with staff and his as conducted with the tor to ascertain information the things the Client #3 was e program. According to the #3 had a new Individual) developed on August 7, cumented program objectives ing: er hand assistance, Client #3 of the steps of three er games within 12 months. It with the coordinator and s data collection record to s newly developed August been implemented. At the time acility failed to ensure Client #3 oportunity to participate with his mobjectives at the day I GRAM DOCUMENTATION complishment of the criteria advidual program plan documented in measurable is not met as evidenced by: I and record review, the facility the relative to the integram plan objectives were asurable terms, for one of the	W2	249	DoDS will review the home for a ure that staff a collection, and	19/0/07
	Three chemis (Chem	t#3) included in the sample.				

STATEMENT AND PLAN (TOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIE A: BUILDING	PLE CONSTRUCTION	(X3) DATE S	
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	The finding include (Cross Refer W24S on August 31, 2007 had been participat program objectives - Given physical as card to his father or consecutive months - Given verbal promateps of brushing hamonths. - Given verbal promates steps of taking hamonth for three months. - Given verbal promates to his father or three months. - Client #3 will independ for three was no data at months of April, May Qualified Mental Re(QMRP) was intervious secretain information missing data, At the	Review of Client #3's record at 4:04 PM revealed the client ing with the following formal aduring the past year: sistance, Client #3 will mail a monthly sessions for six s. pts, Client #3 will master the is teeth for three consecutive pts, Client #3 will complete his vitamin on all trials per nths. pts, Client #3 will pass out eers on 80 % of the trials for pendently complete the steps is on 80% of trials per month pendently clear his place after y sessions for 30 days. e client's record revealed vailable for review for the y, and June 2007. The tardation Professional ewed on August 31, 2007, to n about the location of the e time of survey however, the vide evidence of the mission	W 252			
ORM CM5-256	7(02-99) Previous Versions (- <u></u>	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE 5 COMPL	
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W 257	CHANGE The individual progleast by the qualified professional and responsible to signification of the professional and responsible to the program plan was progress with the identical structure.	gram plan must be reviewed at ed mental retardation evised as necessary, including, ituations in which the client is toward identified objectives forts have been made. It is not met as evidenced by: If and record review, the etardation Professional insure each clients individual revised after the client failed to dentified objectives, for one of them #1) included in the	W 257	See responses to W195, W209, W	7249, and W252	10/10/07
	as performance me progress. Client #1 individual program August 31, 2007 at 2007 at 1:10 PM. 1. According to clie on August 30, 2007 objective that read \$5 by touch 80% of program data revea 0% with verbal pror from November 200 IPP reflected that the objective in the Aprilan. The objective	previse client #1's programs easures reflected a lack of 's documentation and plans were reviewed on 12:30 PM and August 30, ent #1's IPP that was reviewed 7, at 1:10 PM, the client had an "Will correctly identify \$1 and the trials. Review of the aled that client #1 performed at anothing and physical assistance to through March 2007. The ne client continued this il 2007's individual support was reimplemented without umentation for the months of				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		URVEY ETED
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W 257	May 2007 through a lack of criterion level. 2. Client #1's IPP report to identify by touch, keypad 80% of the and an adaptive telesheet for this progressandwich. The May documentation revels requiring physical prompts. Review of December 2006 through that client #1 performed. Note that in Fewas not working. 3. Client #1's IPP remeasure water with trials. May and July client performed be verbal prompt and program. According QMRP, client #1 performed QMRP, client #1 performed was no June program. According QMRP, client #1 performed was no June program. According QMRP, client #1 performed was no June program. According QMRP, client #1 performed was no June program.	July 2007 reflected a continued el attainment. effected an objective to "learn the numbers on a telephone trials given verbal prompting ephone." The August data am referenced to making a y and July 2007's ealed the client's performance al assistance and fading verbal the QMRP's notes from ough March 2007 reflected med at 0% of the criterion ebruary 2007, "the telephone effected an objective to verbal prompting 80% of the 2007's data reflected that the low criterion at the the fading obysical assistance level, documentation for this g to the notes written by the rformed at 0% November	W 257			
W 259	CHANGE At least annually, the assessment of each	e comprehensive functional client must be reviewed by team for relevancy and	W 259	See responses to W195, and W209, W252. The DoDS will track the develor ISP document and IPPs. The ISP document and IPPs are submitted to the Department on Disability and the final approved document will be each person's record according to DDS DoDS will follow up with the QMRP to	opment of the ment will be lity Services, be placed in policy. The consume the	10/10/67
ORM CMS as	Based on staff inten- facility failed to ensu- functional assessme	is not met as evidenced by: view and record review, the tre that comprehensive ents had been completed one of the three clients (Client	·	new IPPs are implement4ed within 10 dISP team adopting them.	days of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			•	REET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011			
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W 260	Professional (QMR record on August 3 Client #3's annual I meeting was held of the ISP in the record August 1, 2006. Fut to ascertain information (dated August 7, 20 the plan had not be objectives recommimplemented. At the facility failed to profise had been comprequired. 483.440(f)(2) PROFICHANGE At least annually, the must be revised, as process set forth in Based on review of plans (IPPs), the infailed to make revision the objectives froof the three clients sample. The findings include (Cross refer to W25)	sample. s: Qualified Mental Retardation P) and review of Client #3's 1, 2007 at 3:19 PM revealed Individual Support Plan (ISP) on August 7, 2007. Review of rd revealed the plan was dated Lither interview was conducted ation about the current ISP D07). According to the QMRP, een written and new program ended at the ISP had not been ne time of the survey, the vide evidence that Client #3's pleted and updated as GRAM MONITORING & The individual program plan is appropriate, repeating the paragraph (c) of this section. The service of the service of the previous year, for one (Client #1) included in the	Wa			ich person. Id the IDT for the . The	19/10/07	
OBM OME OF	67/02-99\ Previous \/omlone		7		<u></u>			

NAME OF PROVIDER OR SUPPLIER GARECO 10 SUMMARY STATEMENT OF DEPICIENCIES 1813 TAYLOR STREET, NOW WASHINGTON, DC 20011 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEPICIENCIES 1874 TAG 1813 TAYLOR STREET, NOW WASHINGTON, DC 20011 PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION) W 260 Continued From page 30 August 30 and 31, 2007. The IPPs identified in client #1's individual support plan (ISP) dated April 2007 were continued from the previous ISP annual. The written IPPs reflected that these program criterions and objectives were not revised. There was no documentation of interdisciplinary team review to justify continuation of middlead support plan meeting. W 263 48.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by Based on observation, interview and record review, the facility's Human Rights Committee (I-IRC) failed to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of behavior support plans, for one of the times clients (Client #2) included in the sample. The findings include: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforement/loned medications were used to address the client's behaviors.	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILL	DING	(X3) DATE SURVEY COMPLETED		
CARECO 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICIENCY MUST BE PRECEDED BY PULL REGISLATORY OR LSS DENTIFYING INFORMATION) WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (EACH DERICIENCY MUST BE PRECEDED BY PULL REGISLATORY OR LSS DENTIFYING INFORMATION) W 260 Continued From page 30 August 30 and 31, 2007. The IPPS identified in Client #1's individual support plan (ISP) dated April 2007 were continued from the previous ISP annual. The written IPPs reflected that these program or teterions and objectives were not revised. There was no documentation of interficts/plinary team review to justify continuation of the same objectives during the April 2007 individual support plan meeting. W 263 AS 440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by; Based on observation, interview and record review, the facility's Human Rights Committee (HRC) failed to ensure written informed consent in the client and/or their legal guardian for the use of behavior support plans, for one of the three clients (Client #2) included in the sample. The findings include: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Rispordal, and Gabapentin. Interview with the medication nurse during the medication administration to revealed the aforementioned medications were used in the aforement flower medications are used in the aforement flower medications are used in the aforement flower medication are used to the aforement flower medications are used to the aforement flower medications are used to the aforement flower medications are us			09G167	B. WING	;	08/3	1/2007
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGISTATORY OR LSG IDENTIFYING INFORMATION) W 260 Continued From page 30 August 30 and 31, 2007. The IPPs identified in client #1's individual support plan (ISP) dated April 2007 were continued from the previous ISP annual. The written IPPs reflected that these program oriterions and objectives were not revised. There was no documentation of interdisciplinary team review to justify continuation of the same objectives during the April 2007 individual support plan meeting. W 263 483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent from people or their fimilities and present opies to the HRC. The HRC will review the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Human Rights Committee (HRC) falled to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of behavior support plans, for one of the three clients (Client #2) included in the sample. The findings include: Observation of the evening medication administration on August 30, 2007 beginning at 8.27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementificate was revised to afferment the medication administration revealed the aforementificate medications were used to					1613 TAYLOR STREET, NW		
August 30 and 31, 2007. The IPPs identified in client #1's individual support plan (ISP) dated April 2007 were continued from the previous ISP annual. The written IPPs reflected that these program criterions and objectives were not revised. There was no documentation of interdisciplinary team review to justify continuation of the same objectives during the April 2007 individual support plan meeting. 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Human Rights Committee (HRC) failed to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of behavior support plans, for one of the three clients (Client #2) included in the sample. The findings include: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications are constituted to the survey of the province of the province of the constitution of the medication survey and the medication survey and constitution to the medication survey and the medication administration revealed the aforementioned medications in the province of th	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL.	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION
This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Human Rights Committee (HRC) failed to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of behavior support plans, for one of the three clients (Client #2) included in the sample. The findings include: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to		August 30 and 31, client #1's individual April 2007 were contannual. The written IPPs recriterions and object was no documental review to justify corrobjectives during the plan meeting. 483.440(f)(3)(ii) PR CHANGE The committee sho are conducted only consent of the client	2007. The IPPs identified in all support plan (ISP) dated in the previous ISP and flected that these program stives were not revised. There tion of interdisciplinary team introduction of the same a April 2007 individual support OGRAM MONITORING & all dinsure that these programs with the written informed to parents (if the client is a		The QMRP will obtain written info from people or their families and p the HRC. The HRC will review the informed consents as part of the new	resent copies to c written	10/10/07
ORM CMS-2567(02-99) Previous Versions Obsolete Event ID: RBBP11 Facility ID: 000467		Based on observation review, the facility's (HRC) failed to ensure had been obtained begal guardian for the plans, for one of the included in the same The findings included Observation of the eadministration on All 8:27 PM revealed Concluding Lithium Castapentin. Interviduring the medicatic aforementioned meaddress the client's	on, interview and record Human Rights Committee ure written informed consent from the client and/or their ie use of behavior support three clients (Client #2) ple. evening medication ugust 30, 2007 beginning at lient #2 received medications arbonate, Risperdal, and ew with the medication nurse on administration revealed the dications were used to behaviors.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/14/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 263 Continued From page 31 W 263 Interview was conducted with the Qualified Mental Retardation Professional (QMRP) via telephone on August 30, 2007 at 8:10 AM. According the the QMRP, Client #2 was not capable of giving informed consent for the use of medications and habilitation services. Additionally, the QMRP revealed that Client #2 did not have involved family and was in need of a legally appointed guardian. Further interview with the QMRP revealed the client had a behavior support plan and required one to one staffing supports 12 hours daily (4 hours in the morning, 8 hours from 3-11 PM weekdays, and 11 AM - 7 PM on the weekends) to address her behaviors. Review of Client #2's records on August 30, 2007 verified the clients Behavior Support Plan dated February 10, 2007. The plan incorporated the use of the aforementioned one to one staffing supports. At the time of the survey, the facility failed to provide evidence that its Human Rights Committee had obtained written informed consent for the use of Client #2's behavior support plan. [See also W124] 483.440(f)(3)(iii) PROGRAM MONITORING & W 264 W 264 CHANGE The DoDS will provide the process for the HRC voting members to review and approve changes in 14/14/07 The committee should review, monitor and make restrictive treatments, such as medications. The suggestions to the facility about its practices and voting members of the HRC are the parents of adult programs as they relate to drug usage, physical children with developmental disabilities and restraints, time-out rooms, application of painful behavioral health concerns who live at home, and a or noxious stimuli, control of inappropriate retired DD professional who is not associated with behavior, protection of client rights and funds, and Сатесо. any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM	0: 09/14/2007 MAPPROVED 0: 0938-0391
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	review, the facility faits Human Rights Commonitored and made facility's practice of inclination of the samp of the finding includes. The finding includes of the finding Lithium of the finding Lithium of the medication of the finding the medication of the client's of the client's of the client's record (Medical Review of the client's record (Medical	on, interview and record alled to provide evidence that committee (HRC) thoroughly a suggestions about the increasing and administering medications prior to the HRC the three clients (Client #2) ole. Evening medication agust 30, 2007 beginning at lient #2 received medications rbonate, Risperdal, and aw with the medication nurse in administration revealed the dications were used to	W	264			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 264	discuss such matter. The QMRP was fur HRC had met to disher psychotropic more revealed that a telesobtained from the immedication. The Question to two people were a conference, the QM representative. Up	ers and make their decision. If the queried to ascertain if the scuss Client #2's increase in edication. The QMRP ephone approval had been approval the their their revealed that only part of the telephone	W 264				
W 322	revealed a form en Committee Telephologon. There were the form, one was a belonged to the coevidence that docudiscussion with the Further interview would HRC meeting when the time of the survevidence that the H practice of obtaining #2's increase in Risher rights were protected.	SICIAN SERVICES Dvide or obtain preventive and	W 322				
RM CMS 25	Based on medical rewith the nurse, the fictions #1 was provided.	s not met as evidenced by: ecords review and interview acility failed to assure that ed timely preventive and		<u>.</u>			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 322	2 Continued From page 34 general medical assessments as recommended. The finding includes: 1. According to the medical record for client #1 that was reviewed on August 30, 2007 at 10:15 AM, the GYN consultation document dated December 7, 2005 indicated that the client was uncooperative; therefore, the evaluation was incomplete. Some abdominal fullness and firmness was documented. The consult document reflected that the "patient needs to have documented Guardian/Medical Decision Maker assigned and IV and an abdominal sonogram should be considered." The nursing quarterly report dated January 31, 2007 reflected that the client needed GYN as soon as possible. On August 31, 2007 at 1:00 PM, the nurse stated during interview that client #1 was being referred to another facility that was felt to handle patients		W 322	The QMRP will follow up with t Manager on assignment of a medica the person.	he Case I guardian for	10/8/07
	The Qualified Men stated on August 3 have a guardian repreviously recomm. 2. Client #1's heal medical record wa at 10:15 AM. The "fall and safety preinjury due to her blat 1:30 PM, the nu Retardation Profesinterviewed and we documentation of the statement of t	ent had not been scheduled. tal Retardation Professional 11, 2007, that client #1 did not either a legal decision maker as eended. th plan that was included in the s reviewed on August 30, 2007, plan stated that client #1 had cautions" as a prevention to indness. On August 31, 2007 rse and the Qualified Mental sional (QMRP) were ere unable to provide hese written precautions that ed to in the medical plan.		2. The RN Supervisor will ensure the safety precautions are attached to the record, and that staff are trained to fol protocols.	medical	148/07

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/14/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 322 Continued From page 35 W 322 3. Review of client #1's medical record conducted on August 30, 2007, at 10:15 AM, The Primary Care Physician will review the revealed a cardiology report dated August 29. nutritionist's and the cardiologist's 2007. The report reflected that client #1's blood recommendations and determine whether Ensure or pressure was controlled and that there was other supplements are warranted. Dollar weight loss. It was recommended that client #1 receive Ensure. The nutritional assessment dated June 23, 2007 was reviewed on the same day. This assessment that client #1's ideal body weight was 100-120 lbs and the client was weighed at 127 lbs in May 2007. Weights were not available of the months of June, July, and August 2007 to confirm if there was weight loss. During meal observation on August 30, 2007, client #1 ate all of her meal. 4. According to client #1's nutritional assessment dated June 23, 2007, it was recommended that 4. See response to #3 above 10/1407 client #1's diet intake be monitored, increase protein, carbohydrates, potassium rich foods, and protein intake and portion sizes. On August 31, 2007 at 1:55 PM, the nurse stated that the physician would have to approve the recommendations. The Qualified Mental Retardation Professional stated that the recommendations should have been referred to the physician. It could not be determined that the nutritionist's or the cardiologist's recommendations had been reviewed and addressed by the facility's medical staff. 5. Review of Client #2's record on August 30. 2007 at 8:10 PM revealed Client #2 was seen by 10/10/07 The QMRP and the RD will ensure that all an ophthalmologist on July 7, 2006. According to needed appointments are scheduled in a timely. the consultation form, the client was to return for fashion. This issue will be addressed at the

a follow up visit in one year. Interview with the

regularly scheduled grand rounds.

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W 322	nurse on August 31 appointment was so At the time of the su		W 322			<u> </u>
•	failed to ensure gen	and record review, the facility eral and preventive care for nts (Clients #2) included in		··		
	The findings include	·		·		
	an ophthalmologist of the consultation form a follow up visit in or nurse on August 31, appointment was solutional the time of the su	#2' s record on August 30, realed Client #2 was seen by on July 7, 2006. According to n, the client was to return for the year. Interview with the 2007 revealed the heduled for October 3, 2007 rvey, the facility failed to eived a timely ophthalmology		1. See response to #5 above		idido7
	documented an alleg Client #2. According message was left on representative of the physician's office. The mailroom personnel revealed to be the highest them." The investigation of the client #2 was the onlincident and reported According to the reported Client #2 was the reported According to the reported client #2.	at 9:15 AM, an incident report pation of abuse involving to the report, a phone April 2, 2007 from a female clients' primary care the female reported that a observed a woman (later buse manager) being "evil" to hitting, beating, and shoving ative report revealed that y client involved in the I to have been injuried. Out the client complained of indicated that the house use of her injury.		2. See response to W153 and W149	- 21	o/10/07

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W 322	Continued From page 37		W 322		<u> </u>	
W 331	records failed to inc had been assessed	ing notes and other medical dicated that the client's arm d. [Also See W153]. NG SERVICES	W 331			
	The facility must pr services in accorda	ovide clients with nursing ance with their needs.		See response to W122, W149, V	V154, W195.	10/10/07
	Based on record re provide nursing ser	s not met as evidenced by: view, the facility failed to vices in accordance with the three clients (Client #2) uple.				
	The finding include:	s:				
	documented an alle Client #2. According message was left of representative of the physician's office. In mailroom personner revealed to be the highest the clients and was them." It should be indicated that four office the first office of the physician's and was them. It should be indicated that four office the physician with the physician of the physician with the physician of	9:15 AM, an incident report egation of abuse involving g to the report, a phone n April 2, 2007 from a female e clients' primary care. The female reported that a l observed a woman (later nouse manager) being "evil" to "hitting, beating, and shoving noted that initially the report clients (Clients #1, #2, #4 and nowever, interview with the stardation Professional 30, 2007 revealed that only red in the incident.				
	"shoved her in the c her "hurt her arm."	e incident report revealed that at the staff person that orner" of the elevator made Additional review of the corresponding investigation				

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M 33	1 Continued From page	Continued From page 38		221			
W 356	failed to provide evidence that the nurse was notified and assessed the client's injury. 483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections.		w a	356	The QMRP will ensure that the person is supported to cooperate with the scaling recommended by the dentist. The QMR consult with the psychologist and the Hill ensure that every means is explored to suppose dental every means is explored to suppose dental every means as explored.	P will	·
	This STANDARD is Based on interview a failed to ensure time	not met as evidenced by: and record review, the facility by dental services, for one of ent #2) included in the			manage dental care timely in the least re	strictive	70/01/07
	The finding includes:				·		RM APPROVEINO. 0938-039 F. SURVEY IPLETED 8/31/2007 COMPLETION DATE
	Review of Client #2' at 8:04 PM revealed dentist as documente	s records on August 30, 2007 Client #2 was seen by the ed below:					
	October 5, 2006 - the documented that the	dental consultant patient needed scaling.					ľ
	May 17, 2007 - the co that the patient refuse	nsultation form documented ed to leave the van.					
	July 10, 2007 - the de that the patient neede	ntal consultant documented d scaling.				·	
	that the recommender	se on August 31, 2007 and alled to provide evidence discaling (documented to onsultation form) had been					
W 371	483.460(k)(4) DRUG	ADMINISTRATION	W 371	1 -	See response to W195 and W249		

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W 371	mat clients are tau medications if the idetermines that se is an appropriate of does not specify of	ig administration must assure ght to administer their own nterdisciplinary team of medications bjective, and if the physician herwise.	W 371			
-	review, the facility f taught to administe	•		·		
	administration on A 8:13 PM revealed C given medications to on duty. The nurse medications from the dications to the cobserved to bring expensions.	evening medication ugust 30, 2007 beginning at clients #1, #2 and #3 were by the licensed practical nurse was observed to punch the lice bubble packs and give the clients. Direct care staff was ach client a cup of water for th their medications.				
	at 7:58 PM revealed administration asset According to the asswas made for Client program that require verbal prompts. Reverbal prompts. Reverbal prompts assessment assessment indicate	ssment dated April 2, 2007. sessment, a recommendation #2 to participate in a ed her to obtain her water with view of Client #3's record on 2:48 PM revealed the client's dated June 13, 2007. The ed that Client #3 was to medication regimen by				

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·	cabinet and remove prompts. Additional on August 30, 2007 Individual Program 2006. The plan dod #3 to complete the It should be further Qualified Mental Reaugust 31, 2007, at was to get her own her medications. A facility failed to ensigiven an opportunity medication program 483,470(g)(2) SPACT The facility must fur and teach clients to choices about the unhearing and other cand other devices in interdisciplinary tear. This STANDARD is Based on observation review, the facility facommunication devirepair and failed to rebeing taught to use in the finding includes. Interview with the Querofessional (QMRP Professional (QMRP).	and opening the medication in this medication with verbal in review of Client #3's record at 3:51 PM revealed an Plan (IPP) dated August 1, cumented a program for Client steps for taking his vitamins. In the standation Professional on the standation for taking the time of the survey, the standard with their self in the standard with their self in the standard with their self in the standard professional in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces, lentified by the mas needed by the client. In the time of the survey, the standard in good make certain the client #3's ce was maintained in good make certain the client was the standard in good make certain the client #3's ce was maintained in good make certain the client #3's ce was maintained in good make certain the client #3's ce was maintained in good make certain the client #3's ce was maintained in good make certain the client #3's ce was maintained in good make certain the client #3's ce was maintained Client #3's ce was maintained Client #3 's coor revealed Client #3 had	W 43	71	ch-Language (if needed) to properly en ensure the	10/8/07	
RM CMS-256	7(02-99) Previous Versions C	Obsolete Event ID: RBBR11	F:	acility ID: 08G167			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION . **IDENTIFICATION NUMBER;** COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAĢ TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 436 Continued From page 41 W 436 Individual Support Plan (ISP) on August 8, 2007 that had not been implemented (See also W249). One of the program objectives required the client to answer yes/no questions using his communication device. The QMRP was interviewed on August 31, 2007 to ascertain information regarding the aforementioned communication device. The QMRP retrieved the. device and attempted to demonstrate how the device would be used, but the device was malfunctioning. At the time of the survey, the facility failed to ensure Client #3 was being trained to use his communication device. Additionally, the facility failed to ensure the device was maintained in good repair.

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1 000	INITIAL COMMEN	TS		1 000 :	-		
	30, 2007 through A sample of three ind population of four for the individual diagnosed to function mental retardation diagnosis of severe One individual in the	ey was conducted frougust 31, 2007. A ratividuals was selected emales and two males als in the sample was on in the moderate ration the other two had expree of mental relessample had a diagonal diagnosis of visual mand diagnosis of visual controls.	indom I from the I clients. I ange of I a I ardation.				
	observations at the programs, staff inter and day programs, administrative recounusual incident re-	survey were based of residence and three reviews at both the ground review of clinical and rds to include the factorists and policies. It ere were repeated desurvey year.	day pup-home 				
1 090	3504.1 HOUSEKEE	EPING		1 090			
-	maintained in a safe and sanitary manne	terior of each GHMRI e, clean, orderly, attra er and be free of rt, rubbish, and objec	active,				
	Based on observation of ensure the interior of	met as evidenced by on, the GHMRP faile of the facility was mai lerly, attractive and sa	d to ntained		•		
	The findings include).					
		out and needed to b	е .		1. Light bulbs will be replaced.	•	10/5/07
iith Regula Uu	tion Administration						
ORATORY	DIRECTOR'S OR PROVID	<i>TWEATV</i> ER/SUPPLIER REPRESENT	FATIVE'S SIG	NATURE DIVE	ctor of Disability Se	onla . =	(X8) DATE

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE S	SURVEY ETED
		09G167	· 	B. WING		0.9/3	31/2007
NAME OF I	PROVIDER OR SUPPLIER		STREET AL	DRESS, CITY.	STATE, ZIP CODE	<u> </u>	1/400/
CAREC			WASHING	LOR STRE	ET, NW 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FIUL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D RE	(X5) COMPLETE DATE
1 090	Continued From page	ge 1	_	1090		-	-
	replaced throughout	t the facility.			·———		
	Ceiling light fixture needed to be cleane	res throughout the fa ed as debris was obs	cility . served.		Ceiling light fixtures will be cleaned	4 .	10/5/07
	The main bathrough that was in disrepair vanity.	om in the hallway ha and a broken drawe	d a door er on the		The main bathroom door will be reprepared; the broken drawer on the vani repaired or replaced.		10/8/07
J 203	3509.3 PERSONNE	L POLICIES		1203	,		
	Each supervisor shat descriptions with each employment and at least to the second seco	ch emplovee at the b	eginning		Each staff persons will sign current anno descriptions. Substitute staff files will b for review.	ual job oc available	10/10/07
	This Statute is not re Based on record rev provide evidence that the contents of job of employee at the beg and annually thereaf	iew, the GHMRP fail at the supervisor disc escriptions with each inning of their emplo	ed to cussed				
	The findings include:						
.	Review of the persor on August 30, 2007 a twelve staff identified schedule did not hav descriptions.	at 4:40 PM. Seven o	of the .				
	Four staff identified a files available for revi options were provide	iew a the facility and	have no other				
1 206	3509.6 PERSONNEL	. POLICIES		1 206			
	Each employee, prior annually thereafter, so certification that a hea	hall provide a physic	ian's en		Consultants will be contacted and their health certificates will be obtained.	current	10/8/07
aith Regula ATE FORM	tion Administration		686	00 DE	3BR11	If continuation	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A BUILDII		(X3) DATE S COMPL	
		09G167		B. WING_		08/3	31/2007
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		<u>-</u>
CARECO			WASHING	YLOR STRE	ET, NW 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
I 206	Continued From partormed and that would allow him or duties.	age 2 t the employee's her her to perform the re	alth status quired	1 206			
	Based on interview GHMRP failed to e prior to employmer provided evidence that documented a performed and that	t met as evidenced by and record review, the same that each emploit and annually therest of a physician's certiful health inventory had the employee's healther to perform the reserved.	ne oyee, offer, ication been th status				
	Professional and repersonnel files on A revealed the GHMF	es: Qualified Mental Retar eview of the GHMRP's August 31, 2007 at 11 RP failed to provide e certificates were on fi	5 :57 AM vidence	-			
	3510.5(f) STAFF T Each training progr limited to, the follow	am shall include, but	not be	1229			
	residents to be sen to, behavior manag	related to the GHMRF yed including, but not ement, sexuality, nut mmunications, and as	limited rition	j			
_	Based on interview GHMRP failed to er tion Administration	met as evidenced by: and record review, th sure staff were effec	e l				

RBBR11

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILD		(X3) DATE S	
		09G167		B. WING		08/5	1/2007
NAME OF P	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	. STATE, ZIP CODE	00/.	11/2001
CARECO			WASHING	LOR STRE	ET, NW 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FUr	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE	
1 229	Continued From page	ge 3		1229		-	
	trained on modified diets and behavior support plans. The findings include:					٠.	
	plans, however, the staff had been trained and the associated The Qualified Menta	lents had behavioral ere was no evidence ed on the target beha plans by the professi al Retardation Profes ttendance document d did not locate them	that the aviors onal. sional		The QMRP will ensure that staff a behavioral support plans, and that doe of the training is available for review.	aumentation	ן פאפובו
	There was no evidence that staff received training on the resident's modified diets.		eived		The QMRP will ensure that staff training on resident's modified diets	receive	10/10/07
J 274	3513.1(e) ADMINIS	TRATIVE RECORDS	s	1 274	- '		
	Each GHMRP shall agency 's inspection administrative record), at any time, the fol	thorized lowing				
	(e) Signed agreemel professional services	nts or contracts for s;					
	This Statute is not in Based on record rev Mentally Retarded (Cevidence of contracticonsultants.	iew, the Group Homo SHMRP) failed to pro	e for the				
	The finding includes:						
	Interview with the Qu Professional (QMRP records on August 3 the GHMRP failed to the four consultants) and review of the p 1, 2007 at 11-57 AM	ersonnel		The Director of Disability Services will consultants have contracts on file.	l cusure that	10\14\v7
ealth Regulat	ion Administration						

AME OF PROVIDER OR SUPPLIER CARECO 10 STREET ADDRESS, CITY, STATE, 2IP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 CAPID PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (CAPIT DEPICIENCY MUST SEE PRECEDED BY FULL TAG 1379 Continued From page 4 1379 3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHIMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health, Health Facilities Division within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the three resident's needlent's health, for one of the three resident's needlent's health, for one of the three resident's needlent's health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident. On August 8, 2007, staff reported that Resident #4 on this left arm. It should be noted that Resident #4 was taken to the emergency room, released and prescribed antibiotic medications.	STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL ⁻ A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE : COMPI	
STREET AVAILABLE AS PLANS (ACAR DOD 1613 TAYLOR STREET, NW WASHINGTON, DC 20011 TAG (ACAR DEPTICE (ACAR DEPTICE NOT THE PREVIOUS SEPANOT CORRECTION (ACAR DEPTICE NOT TAG) (ACAR DEPTICE NOT TAG) (ACAR DEPTICE NOT NOT ALL COMMITTENING INFORMATION) I 1379 Combinued From page 4 1379 1379 1379 In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statule is not met as evidenced by: Based on Interview and record review, the GHMRP falled to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incident that substantially interfered with a resident's health, for one of the three residents (Resident #4) that resided in the facility. The Director of Disability Services will provide refresher training to the OMAP, Residential Division. The Director of Disability Services will provide refresher training to the OMAP, Residential Division. The Director of Disability Services will provide refresher training to the OMAP, Residential Division. The Director of Disability Services will provide refresher training to the OMAP, Residential Division. The Director of Disability Services will provide refresher training to the OMAP, Residential Division. The Director of Disability Services will provide refresher training to the OMAP, Residential Management. The Director of Disability Services will provide refresher training to the OMAP, Residential Management. The Director of Disability Services will provide refresher training to the OMAP, Residential Division. The Director of Disability Services will provide refresher training to the OMAP, Residentia			09G167		B. WING		08/	34/2007
DASHINGTON, DC 20011 SUMMARY STATEMENT OF DEPICENCES (EACH DEPICIENCY MUST BE PERCEDED BY PUIL TAG TAG Continued From page 4 1379 1379 3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be node by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident: On August 8, 2007, staff reported that Resident #2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #2 bot Resident #4 was taken to the emergency room, released and prescribed antibiotic medications.	NAME OF F	ROVIDER OR SUPPLIER	•					1/200/
TAG TO DEFICIENCY MUST BE PRECEDED BY PULL TAG TO REGULATORY OR USE DEMTIFYING INFORMATION. 1379 Continued From page 4 1379 3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP falled to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the three residents health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident. On August 8, 2007, staff reported that Residential van and began to spit, curse, scratch, and hit Resident #2 bit Resident #4 his laft am. It should be noted that Resident #4 was taken to the emergency room, released and prescribed antibiotic medications.		· · · · · · · · · · · · · · · · · · ·	· 	WASHING	LOR STRE STON, DC 2	ET, NW 20011		
In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by. Based on interview and record review, the GHMRP falled to ensure the Department of Health, Health Facilities Division was immediately, followed up by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident: On August 8, 2007, staff reported that Resident #2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #2. The report further documented that Resident #2. The report further documented that Resident #4 Resident #4 was taken to the emergency room, released and prescribed antibiotic medications. Interview with the Qualified Mental Retardation	PREFIX	(EACH DEFICIENCY	' MUST BE PRECEDED BY	EDD 1	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULDBE	COMPLETE
In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP falled to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident: On August 8, 2007, staff reported that Resident #2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #1. The report further documented that Resident #2 bit Resident #4 was taken to the emergency room, released and prescribed antibiotic medications. Interview with the Qualified Mental Retardation	1 379	Continued From pa	ge 4		1 379			
each GHMNP shall hotity the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP falled to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a residents health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident: On August 8, 2007, staff reported that Resident #2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #1. The report further documented that Resident #2 it Resident #4 on his left arm. It should be noted that Resident #4 was taken to the emergency room, released and prescribed antibiotic medications. Interview with the Qualified Mental Retardation	l 379	3519.10 EMERGEN	ICIES		1 379			
Based on interview and record review, the GHMRP failed to ensure the Department of Health, Health Facilities Division was immediately, followed by written notification within 24 hours, notified of unusual incidents that substantially interfered with a resident's health, for one of the three residents (Resident #4) that resided in the facility. The finding includes: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident: On August 8, 2007, staff reported that Resident #2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #1. The report further documented that Resident #2 bit Resident #4 was taken to the emergency room, released and prescribed antibiotic medications. Interview with the Qualified Mental Retardation		each GHMRP shall Health, Health Facil unusual incident or interferes with a resarrangement, well be places the resident be made by telephotoliowed up by writter	notify the Departmentities Division of any of event which substantident 's health, welfareing or in any other that risk. Such notification within an notification within	nt of other tially are, living way tion shall shall be		Director, and the Incident Managemer Coordinator to ensure that incidents at timely to Department of Health, Market	ential t	soliolo7
Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incident: On August 8, 2007, staff reported that Resident #2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #1. The report further documented that Resident #2 bit Resident #4 on his left arm. It should be noted that Resident #4 was taken to the emergency room, released and prescribed antibiotic medications. Interview with the Qualified Mental Retardation		Based on interview a GHMRP failed to en Health, Health Facili immediately, followe 24 hours, notified of substantially interfer for one of the three in	and record review, the sure the Department ties Division was and by written notification unusual incidents the dwith a resident's fresident's fresiden	ie t of on within at				
#2 became agitated while on the residential van and began to spit, curse, scratch, and hit Resident #1. The report further documented that Resident #2 bit Resident #4 on his left arm. It should be noted that Resident #4 was taken to the emergency room, released and prescribed antibiotic medications. Interview with the Qualified Mental Retardation		Review of unusual in 2007 at 9:17 AM rev	ncident reports on Au ealed the following in	icident:	·			
		#2 became agitated and began to spit, curesident #1. The referenced that the mergency room	while on the resident urse, scratch, and hit port further documer ident #4 on his left ar Resident #4 was tak , released and presc	ial van ited that m. It			-	
ealth Regulation Administration			alified Mental Retard	ation				

AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	LIER/CLIA (X2) I NUMBER: A. BL B. W		·		(X3) DATE SURVEY COMPLETED	
NAN 44		09G167				08	/31/2007	
NAME OF P	ROVIDER OR SUPPLIER				, STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
I 379	Continued From pa	ige 5	·	1379		······································		
	provide evidence th	orther record review for the aforementions reported to the Depar	<u>d</u>					
1 391	3520.2(a) PROFES PROVISIONS	SION SERVICES: G	ENERAL	l 391				
	professional staff to necessary profession accordance with the individual habilitation necessary by the in professional service limited to, those ser trained, qualified, ar District of Columbia disciplines or areas	I have available quality carry out and monito carry out and monito carry out and monito carry out and objective a goals and objective a plan, as determined terdisciplinary team. It is may include, but not licensed as required law in the following of services:	or s of every d to be The ot be			,		
-	(a) Medicine;This Statute is not rThe findings include	met as evidenced by:			·		-	
A C L iii ffi cd h	Mat was reviewed on the GYN consulty compared to the GYN consulty complete. Some a simmless was document reflected the compared Galacter assigned and onogram should be	medical record for clin August 30, 2007 at Itation document date indicated that the clier if ore, the evaluation valued in the consult that the "patient need uardian/Medical Decilo and an abdominal considered." The nud January 31, 2007 refer in August 10, 2007 refer in A	10:15 ed nt was vas d sto		(a) 1. The QMRP will follow up Manager to acquire medical gue person.	with the Casc ardians for the	10/10/67	
C	iai ine client neede	d GYN as soon as po	ssible.					

STATEME AND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	TION IDENTIFICATION NUMBER:		(X2) MŲ A. BUILI B. WING		(X3) DATE	SURVEY	
NAMEOR	Decree of the second	09G167				08/	31/2007	
	PROVIDER OR SUPPLIER	STREET ADDRESS, CHY, STAT					<u> </u>	
CAREC	O 10		1613 TAYI WASHING	LOR STR TON, DC	EET, NW 20011			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	אוווח פב	(X5) COMPLETE DATE	
1 391	Continued From page 6 during interview that client #1 was being referred to another facility that was felt to handle patients			l 391		,		
	the GYN appointme	 At the time of the s nt had not been sche 	urvey, duled.					
	stated on August 31 have a guardian neit as previously recom		did not naker	d not aker				
	nedical record was 2007, at 10:15 AM. had "fall and safety to injury due to her be 2007 at 1:30 PM, the Mental Retardation Finterviewed and were documentation of the	plan that was include reviewed on August 3. The plan stated that orecautions" as a previous as a previous and the Qualiferofessional (QMRP) are unable to provide the in the medical plant.	30, client #1 vention 31, fied were		(a) 2. The QMRP and RN will provide safety precautions and the QMRP will are trained on the precautions.	·	10/10/07	
	3. Review of client # conducted on August revealed a cardiology 2007. The report refl pressure was controll weight loss. It was re receive Ensure. The I June 23, 2007 was re This assessment that weight was 100-120 II weighed at 127 lbs in not available of the m August 2007 to confin During meal observational client #1 ate all of her	1's medical record to 30, 2007, at 10:15 A report dated August ected that client #1's led and that there was ecommended that client tritional assessment viewed on the same client #1's ideal body bs and the client was May 2007. Weights onthis of June, July, am if there was weight ion on August 30, 2007.	M, 29, blood sent #1 nt dated day. / ·		(a) 3. The QMRP will refer the cardio the nutritionist's recommendations to the Care Physician for a determination on I needs.		10/10/07	
	4. According to client dated June 23, 2007, client #1's diet intake to Administration	II Was recommended	thet		(a)4. See response to (b)3. above	-	10/10/07	
STATE FORM	······································		_	<u> </u>				

	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SI COMPLE				
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NAME OF P	RÖVIDER OR SUPPLIER	•		•	STATE, ZIP CODE				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE		
1 391	Continued From pa	ge 7		i 391			-		
	protein intake and p 2007 at 1:55 PM, th physician would hav recommendations. Retardation Profess	tes, potassium rich foortion sizes. On Aug e nurse stated that the ve to approve the The Qualified Mental sional stated that the should have been ref	gust 31,` he						
	It could not be determined that the nutritionist's or the cardiologist's recommendations had been reviewed and addressed by the facility's medical staff.								
I 394	3520.2(d) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be		1394	The QMRP will refer the nutrition recommendations to the Primary Capproval or change. The QMRP unutritionist of any changes from the request the nutritionist to follow untritionist to	Care Physician for vill inform the ne PCP, and	19/10/07			
	necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:								
-	The finding includes				·				
salth Regula	According to client #1's nutritional assessment dated June 23, 2007, it was recommended that client #1's diet intake be monitored, increase protein, carbohydrates, potassium rich foods, and protein intake and portion sizes. On August 31, 2007 at 1:55 PM, the nurse stated that the								

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDI	·	(X3) DATE SURVEY COMPLETED	
		09G167		BWING		08/3	1/2007
NAME OF P	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		<u> </u>
CARECO) 10 		1613 TAYL WASHING				
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1 394	Continued From page 8			I 394		,	
	physician would have to approve the recommendations. The Qualified Mental Retardation Professional stated that the recommendations should have been referred to the physician. At the time of the survey on August 30, 2007, the nutritionist had not demonstrated any follow up to the recommendations.						
I 398	I 398 3520.2(h) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (h) Social Work; This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provide evidence of a valid license on file for the social worker. The finding includes: Interview with the Qualified Mental Retardation Professional and review of the personnel files on August 31, 2007 at 11:57 AM revealed the facility failed to have a license on file for the social worker.			1398			
					,		
					The Director of Disability Services will copy of the Social Worker's current, va		10/10/67
·						:	·
ealth Regula	ation Administration						

STATEMEN AND PLAN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE COMPI	
		09G167		B. WING		08/	31/2007
CARECO	PROVIDER OR SUPPLIER 7 10		1613 TAY	DRESS, CITY. LOR STRE TON, DC 2	STATE, ZIP CODE ET, NW 20011		- · · · · · · · · · · · · · · · · · · ·
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I 4 01	Continued From pa	age 9		1401		 -	
l 401	PROVISIONS Professional service and evaluation, inc.	ON SERVICES: GEN es shall include both luding identification of	diagnosis	l 401		ı	-
	services, and servi	els and needs, treatmodes designed to prevented to prevente to the loss of function by	ent l				
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure professional services were received in a timely manner.						
	The finding includes	s:			· .		
	by an ophthalmolog to the consultation to the consultation to return for a follow u with the nurse on A appointment was so	ent #2' s record on Alvealed Resident #2 wist on July 7, 2006. A form, the resident was p visit in one year. In ugust 31, 2007 reveatheduled for October livey, the facility failed received a timely w up visit.	as seen According s to terview led the		1. See response to federal deficiency	W322 #5.	10/0/07
•	30, 2007 at 8:04 PM	ent#2 [†] s records on A 1 revealed Resident# as documented below	2 was		2. See response to federal deficiency	₩356	10/10/67
	October 5, 2006 - th documented that the	e dental consultant patient needed scali	ing.				
	May 17, 2007 - the o that the patient refus	consultation form doc sed to leave the van.	umented		. •		-
	that the patient need	ental consultant docu led scaling.	mented				
aith Regulai ATE FORM	tion Administration		'	<u> </u>			

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	IT OF DÉFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBÉR:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S COMPLI	BURVEY ETED
•	•	09G167		B. WING		08/3	4/2007
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS CITY	STATE, ZIP CODE	08/3	1/2007
CARECO			1613 TAY	LOR STRE	ET, NW		
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I 401	review of the record that the recommen	age 10 ourse on August 31, 2 d failed to provide evi ded scaling (docume 5 consultation form) h	dence nted to	I 401		-	
l 422	3521.3 HABILITAT	ION AND TRAINING		1422			
	and assistance to not the resident 's Indirection This Statute is not Based on interview GHMRP failed to en assistance was pro-accordance with the Plan(s), for three of	I provide habilitation, esidents in accordance vidual Habilitation Playmet as evidenced by and record review, the sure habilitation, trait vided to its residents if three residents (Resuded in the sample,	ce with in. the ning and in		See response to federal deficiencies W195, W209, W249, W252, W259	W120, W159,	10/10/67
	The findings include						
	continuous opportui below. 1. Client #1 was obs	d to provide client #1 nities for learning as o served at the group h	detailed		·		
	3:30 PM - Client #1	7 PM. was was observed te mplaining of her day	ulkina				·
<u>,</u>	nad been seated an stating that she was bedroom. Client #1 approximately five n	left the living room wid exited independent going to see her show was in her bedroom ninutes and then was ne closet near the from	tly ow in her for				

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A BUILDI		(X3) DATE S COMPL			
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NAME OF P	ROVIDER OR SUPPLIER		1613 TAY	DRESS, CITY, LOR STRE STON, DC 1					
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
I 422	entrance and retrieving a comb and hair pic.		1 422						
	the bathroom with his she had taken a sho not require assistant during other staff in	was observed cominer robe on. She stated that ower. She stated that note. This was confirterviews. Client #1 etrieved from the cloa;	ted that t she did med returned				·		
	making complaints staff acknowledged then offered the clie laundry. Client #1 si	was observed converte others about her of the client's concerns an opportunity to tated that she would blient remained seated	tay. The sand do her do						
	independently. Folk	was observed eating owing dinner, the clic and utensils to the kit	ent			,	,		
	6:30 PM - Client #1 the other clients; an	was observed danci d	ng with				,		
1	6:55 PM - Client #1 staff as she continue her day.	was observed talking ed to make complair	g with its about	·		.			
	(IPPs) reflected a fro	individual program pequency of implement rams were not obser an opportunities.	ntation to		•				
[]	According to Clie treatment schedule, scheduled:	ent #1's "individualize the following activitie	d" active es were				·		
	4:30 PM - Offer walk	c; if not desired the c	lient may						

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WID I DAM	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA MBER:	A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
	<u> </u>	09G167		B. WING_		_	08/	31/2007	
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l 422	Continued From pa	ge 12	T	I 422				<u> </u>	
	do her laundry or be programs (i.e. ident	e assisted with her tra ify coins, use telepho	aining , one);		·				
	Note: Staff asked 0 she elected not to; I options presented a	Client #1 to do her lau nowever, there were at the time;	indry and no other						
	5:30 PM - To engag keep her busy. Stra activator to her hair	e client in other activighten her room, appete.;	rities to						
	6-6:30 PM - To eat o	dinner and to remind oon, and knife,	the						
	6:45 PM - To clean : table,	and remove dishes fr	om the					_	
	cnoose to listen to π	in choosing activities nusic, play her keybo ic or books on tape, o	ard		,				
	8:00 PM - To get me getting her cup of wa	edications and assist ater for medications.	in		•				
) 1	evealed that the indi hat were established	am documentation re at approximately 12:1 ividual program plans I by the interdisciplin	IO PM, s (IPPs)				-	-	
	continued from the point of the QN Details of th	ividual support plan v revious ISP held in 2 IRP notes dated bac ed unsuccessful	vere 006. k to		·	•	·		
t	ventai Ketamation P	se objectives. The Quarofessional failed to a were not successfully (Refer to W257)	revico			•			
	ugust 30, 2007, at 6	ervation conducted o :00 PM, the staff ask like her meat cut. T	-0d						

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE COMPI			
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l 422	Continued From pa	ge 13		I 422		· -			
	meat was cut in the kitchen by the staff. The facility failed to provide Client #1 the opportunity to learn to cut her meat and subsequently increase independence with her meals.				,				
	B. The facility failed to ensure clients were given the opportunity to participate in their self medication programs.								
	Observation of the evening medication administration on August 30, 2007 beginning at 8:13 PM revealed Clients #1, #2 and #3 were given medications by the licensed practical nurse on duty. The nurse was observed to punch the medications from the bubble packs and give the medications to the clients. Direct care staff was observed to bring each client a cup of water for the client to drink with their medications.								
	the client to drink with their medications. Review of Client #2 's record on August 30, 2007 at 7:58 PM revealed a self medication administration assessment dated April 2, 2007. According to the assessment, a recommendation was made for Client #2 to participate in a program that required her to obtain her water with verbal prompts. Review of Client #3's record on August 31, 2007, at 2:48 PM revealed the client's nursing assessment dated June 13, 2007. The assessment indicated that Client #3 was to participate in his self medication regimen by obtaining his water and opening the medication cabinet and remove his medication with verbal prompts. Additional review of Client #3's record on August 30, 2007 at 3:51 PM revealed an Individual Program Plan (IPP) dated August 1, 2006. The plan documented a program for Client #3 to complete the steps for taking his vitamins. It should be further noted that interview with the Qualified Mental Retardation Professional on August 31, 2007, at 1:15 PM, revealed Client #1								

STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN B. WING		(X3) DATE	SURVEY LETED
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	was to get her own her medications. A facility failed to ensugiven an opportunity medication program. C. The facility failed given the opportunity recommended form also W259) D. Interview with the Retardation Profess Client #3 's record of Client #3 had an Individual his record dated Augoutdated. According an ISP meeting on A comprehensive door completed. Further revealed the client his objectives recommended. Given verbal professional profe	water in preparation to the time of the surveyre Clients #1, #2 and to participate with this. If to ensure Client #3 you participate in his all program objective equalified Mental ional (QMRP) and report and the QMRP, and report 1, 2006 that was to the QMRP, Client 43 you the QMRP, Client 43 will all the following new moded at his ISP: In the program objective equalified Mental ional (QMRP) and report 1, 2006 that was to the QMRP, Client 43 you had at his ISP: In the program objective entry with the QMRP, Client #3 will a good of trials for 4 memors, Client #3 will a good of trials per mossistance, client #3 will a	rey, the of #3 were their self was senewly es. (See eview of revealed (ISP) in self MRP / program complete onths complete onths complete onths complete onth for 3 will define on oned	1422		IENO I)	
	E. The facility failed Client #2's money ma	to provide evidence anagement program	that was		·		
FORM			0.0 18	e RB	BR11	if continualis	1 sheet 15 eE22

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1422	Continued From pa	ge 15		1 422			-		
	implemented timely								
	Review of Client #2's records on August 31, 2007 revealed the client had her annual ISP meeting on April 25, 2007. At that time programs were recommended for the client to participate with for the upcoming year. One of the recommended program objective for Client #2 required her to recognize a one dollar bill and a five dollar bill. Interview with the QMRP and further review of Client #2's record failed to provide evidence that the program had been implemented before August 2007.								
	F. The facility failed program objectives at his day program v	to ensure Client #3 scheduled to be imp was implemented,	's new lemented				-		
	Observation at Client #3 's day program on August 30, 2007 beginning at 12:35 PM revealed the client in the dance studio listening to music and intermittently dancing with staff and his peers. Interview was conducted with the Activities Coordinator to ascertain information regarding some of the things the Client #3 was learning while at the program. According to the coordinator, Client #3 had a new Individual Program Plan (IPP) developed on August 7, 2007. The plan documented program objectives including the following:								
	- Given hand over hand assistance, Client #3 will complete 100% of the steps of three interactive computer games within 12 months. Continued interview with the coordinator and review of Client #3's data collection record revealed, the client 's newly developed August 2007 IPP had not been implemented. At the time of the survey, the facility failed to ensure Client #3								

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER;	(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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1 422	Continued From pa	ge 16		1 422			
ı	's was given the opportunity to participate with his new formal program objectives at the day program. 3521.4 HABILITATION AND TRAINING			,	·	·	
l 42 3	3521.4 HABILITATI	ON AND TRAINING		I 42 3			
	Each GHMRP shall monitor and review each				Sec response to I422		10/10/07
	resident 's Individual Habilitation Plan on an					•	1.7.907
	ongoing basis to ensure participation of the						
,	resident and appropriate GHMRP staff in revisior of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.						
•	Based on interview a	esident participated a	e sitored to				
	The finding includes				-		
	Interview with the Queen Professional (QMRP record on August 31 Resident #3's annual (ISP) meeting was heaview of the ISP in was dated August 1, conducted to ascertacurrent ISP (dated A the QMRP, the plan in the program objection had not been implem survey, the facility fail Resident #3's ISP haupdated as required.	") and review of Resion, 2007 at 3:19 PM record in August 7, 200 the record revealed 2006. Further intervaluate 7, 2007). According to the record revealed 2006. Further intervaluate 7, 2007). According to the record at the time of the record evident of the record evident of the record at the time of the record at the time of the record at the record	dent #3's vealed, Plan 7. the plan view was the ording to and the ISP f the				

STATEMEN AND PLAN	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUİLDIN	IPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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l 426	Continued From page	ntinued From page 17				<u> </u>	 	
l 426	3521.5(c) HABILITA Each GHMRP shall resident's program or when the client	ATION AND TRAININ make modifications at least every six (6	to the	1426	See response to 1422		10/10/07	
	(c) Is failing to progr objectives after reas made;	ess toward identified onable efforts have	j been					
	This Statute is not met as evidenced by: Based on interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure that revisions were considered when residents' demonstrated a lack of achievement in attaining the established criterion levels, for one of three residents (Resident #1) included in the sample.				· .			
	The finding includes:							
	The QMRP failed to passement of the performance measorogress. Client #1's individual program plangust 31, 2007 at 1;2007 at 1;	Sures reflected a lac documentation and ans were reviewed a	k of					
F O fi	1. According to client on August 30, 2007, a objective that read "W 55 by touch 80% of the orogram data reveale 1% with verbal promp rom November 2006 PP reflected that the objective in the April 2 lan. The objective was evisions. The documing 2007 through Julyon Administration	at 1:70 PM, the client will correctly identify some trials. Review of the different #1 performs and physical as through March 2007 client continued this 2007's individual suppass reimplemented with the market will be with the market will be market with the market will be market with the market will be with the market will be with the market will be with the will be with the will be with the will be will be with the will be with the will be will be will be will be will be with the will be will	t had an land he had at sistance . The hort					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPROPRIES OF THE APPROPRIES	(X5) COMPLETE DATE	
l 42 6	Continued From page 18			1426			
	2. Client #1's IPP note identify by touch, keypad 80% of the and an adaptive telesheet for this progras andwich. The May documentation reveas requiring physical prompts. Review of December 2006 that client #1 performed. Note that in Ewas not working". 3. Client #1's IPP remeasure water with trials. May and July client performed beliverbal prompt and portions. According	aled the client's perful assistance and fad the QMRP's notes frough March 2007 refuned at 0% of the critical assistance and properties of the critical and prompting 80 2007's data reflected ow criterion at the theorem of the commentation for the promed at 0% Noverformed at 0% Noverful assistance and promed at 0% Noverformed at 0% Noverful assistance and promed ate and pr	to "learn lephone ompting at data king a commance ing verbal om flected erion elephone to % of the i that the e fading evel. is by the				
	3521.11 HABILITATION AND TRAINING Each resident's activity schedule shall be available to direct care staff and be carried out daily.		1 4 58	See response to 1422		10/10/67	
	Based on observation review, the GHMRP resident's activity sol	net as evidenced by: on, interview and reco failed to ensure each hedule was carried o residents (Resident #	ord n ut daily				
ealth Regula	The finding includes:	· · · · · · · · · · · · · · · · · · ·					
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			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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I 4 58	8 Continued From page 19			I 458				
	The facility's staff failed to implement client #1's activity schedule. A. Client #1 was observed at the group home from 3:30 PM to 7:17 PM							
	Although client #1's	individual program pl	ans					
					1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
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i 458	Continued From pa	ge 20		l 458				
	 (IPPs) reflected a frequency of implementation to be daily, these programs were not observed to be implemented at given opportunities. B. According to client #1's "individualized" active treatment schedule, the following activities were 							
	scheduled: 4:30 PM - offer walk; if not desired the client may do her laundry or be assisted with her training programs (i.e. identify coins, use telephone). Note: The staff did offer client #1 to do her laundry and she elected not to; however, there were no other options presented at the time, 5:30 PM - engage client in other activities to keep her busy. Straighten her room, apply activator to her hair etc. 6-6:30 PM - have dinner and remind the client to use fork, spoon, and knife; 6:45 PM - clean and remove dishes from the table 7:00 PM - assist in choosing activities; may choose to listen to music, play her keyboard, listen to gospel music or books on tape, etc. 8:00 PM - prompt to get her medications; assist her in getting her cup of water for medications							
1 500	Each GHMRP resident that the rights of resprotected in accordance chapter, and other laws.	dence director shall e sidents are observed ance with D.C. Law a applicable District an	and 2-137, this d federal	1500	See response to federal deficiency W124 QMRP will prepare an informed consent the person, detailing the proposed treatm benefits and risks. The person and/or the guardian/medical decision maker will resign the document, providing or withhole consent to the proposed treatments. The will provide the person and the legal guardian/family members with Careco's rights, admissions, and discharges.	t letter for lents, their c legal view and ding QMRP	10/10/07 -	
eoith Racul	This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the rights of each resident and/or their legal guardian to be					,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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I 500	Continued From pa		tion	1500	•			
	informed of the resident's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the three residents (Resident #2) included in the sample.							
	The findings include:							
	Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Resident #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to address the resident's behaviors.				•			
	Mental Retardation telephone on Augu According the the Capable of giving in medications and hadditionally, the QN	ucted with the Qualif Professional (QMRF st 30, 2007 at 8:10 A QMRP, Resident #2 v iformed consent for the abilitation services. MRP revealed that Resed family and was in	P) via M. Mas not he use of esident #2					
	with the QMRP rev behavior support pl staffing supports 12	uardian. Further inte ealed the resident ha lan and required one 2 hours daily (4 hour om 3 -11 PM weekda	ad a to one s in the					
·	11 AM - 7 PM on the weekends) to address her behaviors. Review of Resident #2's records on August 30, 2007 verified the residents Behavior Support Plan dated February 10, 2007. The plan incorporated the use of the aforementioned one to one staffing supports. At the time of the survey, however, the facility failed to provide evidence that Resident #2's treatment needs.				· ·			
I a who D	including the benefits and potential side effects			<u></u>				

\$TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S COMPLE	(X3) DATE SURVEY COMPLETED		
09G167			B. WING 08/31/2007			1/2007		
NAME OF PROVIDER OR SUPPLIER STREET ADD			RESS, CITY,	STATE, ZIP CODE		-		
CARECO 10 1613 TAY WASHING				LOR STREE TON, DC 2	ET, NW 0011	<u>.</u>		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			IĎ PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	/E ACTION SHOULD BE COMPLETE D TO THE APPROPRIATE DATE		
1 500	Continued From pa	ge 22		I 500				
	associated with the medications, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.							
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Health Deau	lation Administration				<u> </u>			